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los angeles

You are a part of what makes the County of Los Angeles a great place to live and work — one of nearly 100,000 employees dedicated to serving the people of the County of Los Angeles. Your *Choices* benefit program, negotiated for you by the Coalition of County Unions (CCU), is designed to give you the security of knowing we've got you covered - so you have the freedom to focus on what matters most at work and home.

choices

annual enrollment is coming!

October 1 – October 31, 2010

Once again, it is time to review your *Choices* benefit program. This year, benefit enrollment is October 1 through October 31, with your benefit elections taking effect January 1, 2011. Last year, 72% of enrollments were made online. If you want to make changes for the 2011 plan year, you're encouraged to enroll online this year. It's fast and easy!

Now is the time to make sure your benefit elections are still meeting your and your family's needs. Read on for details.

If you have not received your enrollment packet by the second week in October, log on to mylacountybenefits.com to download the enrollment materials or call the Benefits Hotline at 213-388-9982 to request a duplicate packet.

2011 *Choices* Benefit Plans

In 2011, you'll continue to have access to the same *Choices* benefit plans you have today. But it's still important to review your options. Benefits are not "one size fits all" — your needs may be different than those of your co-workers, and can change over time.

Your *Choices* benefit program includes medical, dental and life insurance as well as two Flexible Spending Accounts and medical coverage protection.

Benefit Costs and Changes for 2011

Be sure to review the Enrollment Highlights Guide and your Personalized Enrollment Worksheet in your annual enrollment packet for information on any benefit changes and monthly costs. Your packet should arrive by the second week in October (see box on the left for more information).

A Change to the Health Care Spending Account

Reimbursement for over-the-counter (OTC) medications using a Health Care Spending Account will be changing starting January 1, 2011. Certain OTC medicines will require a doctor's prescription in order to be eligible for reimbursement. Be sure to review "What Health Care Reform Means to You" on page 4 before you decide how much to contribute to a Health Care Spending Account for 2011.

Remember, your enrollment in spending accounts does not "roll over" from year

to year. So, even if you are currently participating in a spending account, you must make a new election each year.

Don't Wait!

The fastest and easiest way to make changes to your benefits is to log on to the benefits Web site, mylacountybenefits.com. See page 2 for more information.

You can also make changes over the phone if you do not have access to the Internet.

If you have any questions about annual enrollment, call the Benefits Hotline at 213-388-9982 or ask your Departmental Benefits Coordinator. Just remember, you'll save a lot of time if you ask early. Don't wait until the last minute!

Your *Choices* benefit program

is a joint effort of the County of Los Angeles and the Coalition of County Unions. They work together to negotiate the choices that are offered, the amount of the annual benefit allowance and other details of the program.

2011 annual enrollment

Get Ready To Enroll

Be sure to review the annual enrollment packet that will be mailed to your home. Annual enrollment is your once-a-year opportunity to make sure your benefits meet your needs during the coming year.

What Are Your Health Care Needs?

Consider how much you can afford to spend on medical care, and how much flexibility you need when you go to a provider or health care facility. Generally, the more doctors and hospitals you have to choose from, the greater your share of the cost will be. Review the Medical and Dental Plans Comparison Chart and consider each plan's coverage levels and flexibility when making your benefit elections.

Things to Consider...

HMO-Style Plans

HMO medical and "HMO-style" dental plans generally cost less money at the time you seek services in annual deductibles and copays than a PPO plan. However, under an HMO, you can only obtain care from providers and facilities in the HMO network.

PPO-Style Plans

Under the PPO medical and "PPO-style" dental plans, you generally pay a higher amount at the time you seek services (as compared to an HMO), but you have the flexibility to see any doctor, specialist, or dentist of your choice, even if he or she is not in the PPO network.

POS-Style Plans

Under your POS medical plan options, you get to choose whether to use a

network provider or to use providers outside the network each time you need health care. You do not need a referral from your Primary Care Physician (PCP) to see another physician. However, the plan typically pays more (and your costs are lower) when you go to your PCP and use network providers.

Enroll or Make Changes Online

You can enroll or make changes to your benefit elections using the County of Los Angeles benefits Website, mylacountybenefits.com. Through this site, you can access all of the information you receive in your annual enrollment packet and quickly make your benefit elections.

Remember, the site is also available to you and your family all year long to provide you information about your *Choices* benefits whenever and wherever you need it.

mylacountybenefits.com is arranged in three sections:

my benefits

Includes detailed benefit summaries, facts on eligibility and enrollment, downloadable *Choices* Summary Plan Description (SPD), contact information, and online resources to help you find doctors and dentists in your plan networks.

my health

Here you'll find information on wellness programs, up-to-date calendars for wellness fairs and Webinars, and archives of the County's *For Your Benefit* wellness newsletter.

my tools

Provides access to the benefit enrollment

system, calculators to help you figure out how much to contribute to your Health Care and Dependent Care Spending Accounts, and audio-visual tutorials about your benefits.

Best of all, the site gives you access to detailed information and tools 24 hours a day, seven days a week. You'll always have the information you need at your fingertips.

Dependent Social Security Numbers Required

During annual enrollment, be prepared to provide Social Security numbers for your family members if you make changes to your medical plan or add dependents. This is so your medical plan can comply with Centers for Medicare & Medicaid Services (CMS) federal reporting requirements.

Choices 2011 Benefits at a Glance

Medical

- Kaiser HMO
- CIGNA Network HMO
- CIGNA Network POS
- CAPE/Blue Shield POS (Classic & Lite)
- ALADS/Anthem Blue Cross CaliforniaCare HMO (Basic & Premier)*
- ALADS/Anthem Blue Cross Prudent Buyer PPO (Basic & Premier)*
- Fire Fighters Local 1014 Medical Plan (for Local 1014 members only)

**Available only to all sworn Peace Officers eligible to be members of ALADS (Bargaining Unit 611), and employees in Bargaining Units 612, 614, 621, 631, 632, 641, and 642.*

Dental

- SafeGuard HMO-style plan
- DeltaCare HMO-style plan
- Delta Dental PPO-style plan
- ALADS/Anthem Blue Cross Premier PPO-style plan (included in ALADS/Anthem Blue Cross Premier medical plans)

Life Insurance

- Basic life insurance
- Optional group term life insurance
- Dependent term life insurance

Accidental Death and Dismemberment (AD&D) Insurance

Medical Coverage Protection
(Long-Term Disability Health Insurance)

Flexible Spending Accounts (FSAs)

- Health Care Spending Account
- Dependent Care Spending Account



health assessments and you

A health assessment provides you with valuable information about your health and wellness — and it only takes about 30 minutes to complete.

Here's how it works. You answer a brief series of questions about your lifestyle habits (for example, your nutrition and exercise habits). Then, based on your responses, you immediately receive personalized feedback on how healthy you are, your health risks, and what you can do to reduce them. It's a good idea to share this information with your doctor so he or she can help you to work toward a healthier lifestyle. Health assessments are completely confidential — the County will not see your individual results. Check with your health plan to see if it offers this benefit.

Top 5 Reasons You Should Consider Taking a Health Assessment

- 1. You'll find out where you stand.** It's hard to know what you need to work on when you are unsure of your health status. By becoming more informed, you will be able to determine what you are doing right — and what you could do to improve your health.
- 2. Your results are yours.** With a health assessment, you get information that is specific to you.
- 3. You'll get valuable tips.** In addition to learning about your health status, the health assessment will provide you with tips for reducing your health risks.
- 4. You could really save.** By taking the information from your health assessment and working toward a healthier lifestyle, you could save on future health care costs — and, more important, changing your health habits could save your life.
- 5. It's confidential.** Health assessments are completely confidential — the County will not see your individual results.

Attention All Choices Participants Waiving Medical Coverage

If you are currently waiving medical coverage and want to waive medical for 2011, **YOU MUST** elect the waive option using the web or telephone enrollment system during annual enrollment. You will also be required to recertify that you have other medical coverage (refer to your enrollment packet for more details). There are no exceptions! If you do not recertify your medical waiver or your medical waiver is not approved, or you do not enroll in a medical plan, you will automatically be enrolled in the CAPE/BLUE SHIELD Lite Point of Service (POS) Plan* for 2011.

So, if you don't want *Choices* medical coverage in 2011, **TAKE ACTION!** Refer to your enrollment packet for more details.

* Sworn Peace Officers eligible to be members of ALADS (Bargaining Unit 611), and employees in Bargaining Units 612, 614, 621, 631, 632, 641, and 642 will be automatically enrolled in the ALADS/Anthem Blue Cross CaliforniaCare HMO. Local 1014 members will be automatically enrolled in the Fire Fighters Local 1014 Medical Plan.



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All Employees Currently Waiving Coverage: You Must Take Action!

To continue waiving medical coverage in 2011, YOU MUST recertify your waiver and provide proof of other coverage. See box on page 3 and refer to your enrollment packet for more details.

Is your address up-to-date? If not, contact your departmental Personnel Office immediately.



what health care reform means to you

In March, President Obama signed the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 (collectively "the Act"). The Act includes a number of changes that may affect you in the upcoming year.

While the details of the Act are still being determined, the following section provides a high-level summary of some of the major changes that take effect starting January 1, 2011.

Health Care Spending Accounts

To receive reimbursement for over-the-counter (OTC) medications from your Health Care Spending Account, you must submit a doctor's prescription for that medication. Certain OTC items, such as band-aids, will continue to be eligible without a prescription.

While this is not a complete list, the following list shows some examples of OTC medicines that will require a doctor's prescription starting January 1, 2011, in order to be eligible for reimbursement:

- Allergy Medicines
- Cough, Cold & Flu Medicines
- Pain Relief Medicines
- Respiratory Treatments
- Sleep Aids & Sedatives
- Stomach Remedies

The following list shows examples of some of

the OTC items for which you can receive reimbursement without a doctor's prescription:

- Band-Aids
- Contact Lens Supplies & Solutions
- Denture Adhesives
- First-Aid Supplies
- Diabetic Supplies

Be sure to consider this change when planning how much you want to contribute to your Health Care Spending Account for 2011.

Children Up to Age 26 May Be Covered

You may enroll your eligible adult children in your medical and dental plans until their 26th birthday, regardless of student or marital status. To be enrolled, you must attest that your adult child is not eligible for other employer-sponsored coverage (except under a parent's plan) such as a plan from their own job or their spouse's job.

If your children previously lost coverage (or will lose coverage in the next few months) due to reaching current maximum age (25) or were not full-time students, you may add them to your medical and dental plans again during the upcoming annual enrollment. Coverage for adult children added during annual enrollment will begin January 1, 2011.

Elimination of Lifetime Dollar Maximums

Lifetime dollar maximums, such as the medical plan's overall lifetime maximum, will no longer apply under any of the County of Los Angeles medical plans. While no participant in a County-sponsored medical plan has reached the medical plan's lifetime maximum in the past, this limit will no longer apply effective January 1, 2011.

Watch for more information in your annual enrollment materials about how the changes included in the Act may affect you and your families starting January 1, 2011.

